

WAC 246-976-430 Trauma registry--Provider responsibilities.

- (1) Trauma care providers, prehospital and hospital, must place a trauma ID band on trauma patients, if not already in place from another agency.
- (2) All trauma care providers must protect the confidentiality of data in their possession and as it is transferred to the department.
- (3) All trauma care providers must correct and resubmit records which fail the department's validity tests described in WAC 246-976-420(6). You must send corrected records to the department within three months of notification.
- (4) Licensed prehospital services that transport trauma patients must:
 - (a) Assure personnel use the trauma ID band.
 - (b) Report data as shown in Table E for trauma patients defined in WAC 246-976-420. Data is to be reported to the receiving facility in an approved format within ten days.
- (5) Designated trauma services must:
 - (a) Assure personnel use the trauma ID band.
 - (b) Report data elements shown in Table F for all patients defined in WAC 246-976-420.
 - (c) Report patients discharged in a calendar quarter in an approved format by the end of the following quarter. The department encourages more frequent data reporting.
- (6) Designated trauma rehabilitation services must:
 - (a) Report data on all patients who were included in the trauma registry for acute care.
 - (b) Report either:
 - (i) Data elements shown in Table G; or
 - (ii) If the service submits data to the uniform data set for medical rehabilitation, provide a copy of the data to the department.

TABLE E		
Prehospital Data Elements for the Washington Trauma Registry		
	Type of patient	
Data Element	Pre-Hosp Transport	Inter- Facility
Note: (C) identifies elements that are confidential. See WAC 246-976-420 (2)(c).		
Incident Information		
Agency identification number (C)	X	X
Date of response (C - day only)	X	X
Run sheet number (C)	X	X
First agency on scene identification number (C)	X	
Level of personnel	X	X
Mode of transport	X	X
Incident county code	X	
Incident location (type)	X	
Incident response area type	X	
Patient Information		
Patient's trauma identification band number (C)	X	X
Name (C)	X	X
Date of birth (C), or Age	X	X
Sex	X	X
Mechanism of injury	X	
Safety restraint or device used	X	
Transportation		
Transported from (code) (C - if hospital ID)	X	X
Reason for destination decision	X	X
Times		
Transporting agency dispatched	X	X
Transporting agency arrived at scene	X	X
Transporting agency departed from scene	X	X

TABLE E (cont.) Prehospital Data Elements for the Washington Trauma Registry		
	Type of patient	
Data Element	Pre-Hosp Transport	Inter- Facility
Note: (C) identifies elements that are confidential. See WAC 246-976-420 (2)(c).		
Vital Signs		
Time	X	X
Systolic blood pressure	X	X
Respiratory rate	X	X
Pulse	X	X
Glasgow coma score (three components)	X	X
Pupils	X	X
Vitals from 1st agency on scene?	X	
Trauma Triage Criteria		
Vital signs, consciousness level	X	
Anatomy of injury	X	
Biomechanics of injury	X	
Other risk factors	X	
Gut feeling of medic	X	
Prehospital trauma system activation?	X	
Other Severity Measures		
Respiratory quality	X	
Consciousness	X	
Time (interval) for extrication	X	
Treatment: EMS interventions	X	X

TABLE F
Hospital Data Elements
for the Washington Trauma Registry

All licensed hospitals must submit the following data for
patients identified in WAC 246-976-420(3):

Note: **(C)** identifies elements that are confidential. See WAC 246-976-420(2).

Record Identification

- Identification of reporting facility **(C)**;
- Date and time of arrival at reporting facility **(C - day only)**;
- Unique patient identification number assigned to the patient by the reporting facility **(C)**;
- Patient's trauma identification band number **(C)**;

Patient Identification

- Name **(C)**;
- Date of birth **(C - day only)**;
- Sex;
- Race;
- Social Security number **(C)**;
- Home zip code;

Prehospital Incident Information

- Date and time of incident **(C - day only)**;
- Prehospital trauma system activated?;
- First agency on-scene ID number;
- Arrival via EMS system?;
- Transporting (reporting) agency ID number;
- Transporting agency run number **(C)**;
- Mechanism of injury;
- Respiratory quality;
- Consciousness;
- Incident county code;
- Incident location type;
- Response area type;
- Occupational injury?;
- Safety restraint/device used;

Earliest Available Prehospital Vital Signs

- Time;
- Systolic blood pressure;
- Respiratory rate;
- Pulse rate;
- Glasgow coma score (three components);
- Pupils;
- Vitals from 1st on-scene agency?;

Extrication time over twenty minutes?;

Prehospital procedures performed;

Prehospital Triage

Vital signs/consciousness;

Anatomy of injury;

Biomechanics of injury;

Other risk factors;

Gut feeling of medic;

Transportation Information

Time transporting agency dispatched;

Time transporting agency arrived at scene;

Time transporting agency left scene;

Transportation mode;

Personnel level;

Transported from;

Reason for destination;

ED or Admitting Information

Time ED physician called;

ED physician called "code"?

Time ED physician available for patient care;

Time trauma team activated;

Level of trauma team activation;

Time trauma surgeon called;

Time trauma surgeon available for patient care;

Vital Signs in ED

Patient dead on arrival at your facility?;

First and last systolic blood pressure;

First and last temperature;

First and last pulse rate;

First and last spontaneous respiration rate;

Lowest systolic blood pressure;

Glasgow coma scores (eye, verbal, motor);

Injury Severity scores

Prehospital Index (PHI) score;

Revised Trauma Score (RTS) on admission;

For pediatric patients:

Pediatric Trauma Score (PTS) on admission;

Pediatric Risk of Mortality (PRISM) score on admission;

Pediatric Risk of Mortality - Probability of Survival (PRISM P(s));

Pediatric Overall Performance Category (POPC);

Pediatric Cerebral Performance Category (PCPC);

ED procedures performed;

ED complications;

Time of ED discharge;

ED discharge disposition, including

If admitted, the admitting service;

If transferred out, ID of receiving hospital

Diagnostic and Consultative Information

Date and time of head CT scan;
Date of physical therapy consult;
Date of rehabilitation consult;
Blood alcohol content;
Toxicology screen results;
Drugs found;
Co-morbid factors/Preexisting conditions;

Surgical Information

For the first operation:
Date and time patient arrived in operating room;
Date and time operation started;
OR procedure codes;
For later operations:
Date of operation
OR Procedure Codes

Critical Care Unit Information

Date and time of admission for primary stay in critical care unit;
Date and time of discharge from primary stay in critical care unit;
Length of readmission stay(s) in critical care unit;

Other procedures performed (not in OR)**Discharge Status**

Date and time of facility discharge (**C - day only**);
Most recent ICD diagnosis codes/discharge codes, including nontrauma codes;
E-codes, primary and secondary;
Glasgow Score at discharge;
Disability at discharge (Feeding/Locomotion/Expression)

Discharge disposition

If transferred out, ID of facility patient was transferred to (**C**)
If patient died in your facility
Date and time of death (**C - day only**);
Was an autopsy done?;
Was case referred to coroner or medical examiner?
Did coroner or medical examiner accept jurisdiction?
Was patient evaluated for organ donation?

Financial Information (All Confidential)

For each patient
Total billed charges;
Payer sources (by category);
Reimbursement received (by payer category);
Annually, submit ratio-of-costs-to-charges, by department.

TABLE G

Data Elements for Designated Rehabilitation Services

Designated trauma rehabilitation services must submit the following data for patients identified in WAC 246-976-420(3).

Note: (C) identifies elements that are confidential. WAC 246-976-420(2)

Rehabilitation Services, Levels I and II

Patient Information

- Facility ID (C)
- Facility Code
- Patient Code
- Trauma tag/identification Number (C)
- Date of Birth (C - day only)
- Social Security Number (C)
- Patient Name (C)
- Patient Sex

Care Information

- Date of Admission (C - day only)
- Admission Class
- Date of Discharge (C - day only)
- Impairment Group Code
- ASIA Impairment Scale

Diagnosis (ICD-9) Codes

- Etiologic Diagnosis
- Other significant diagnoses
- Complications/comorbidities
- Diagnosis for transfer or death

Other Information

- Date of onset
- Admit from (Type of facility)
- Admit from (ID of facility)
- Acute trauma care by (ID of facility)
- Prehospital living setting
- Prehospital vocational category
- Discharge-to-living setting

Functional Independence Measure (FIM) - One set on admission and one on discharge

- Self Care
 - Eating
 - Grooming
 - Bathing
 - Dressing – Upper

- Dressing - Lower
- Toileting
- Sphincter control
 - Bladder
 - Bowel
- Transfers
 - Bed/chair/wheelchair
 - Toilet
 - Tub/shower
- Locomotion
 - Walk/wheelchair
 - Stairs
- Communication
 - Comprehension
 - Expression
- Social cognition
 - Social interaction
 - Problem solving
 - Memory

Payment Information (all confidential)

- Payer source - primary and secondary
- Total Charges
- Remitted reimbursement by category

Rehabilitation, Level III

Patient Information

- Facility ID (C)
- Patient number (C)
- Trauma tag/identification Number (C)
- Social Security Number (C)
- Patient Name (C)

Care Information

- Date of Admission (C - day only)

Impairment Group Code

Diagnosis (ICD-9) Codes

- Etiologic Diagnosis
- Other significant diagnoses
- Complications/comorbidities

Other Information

Admit from (Type of facility)
Admit from (ID of facility) (C)
Acute trauma care given by (ID of facility) (C)
Inpatient trauma rehabilitation given by (ID of facility) (C)
Discharge-to-living setting

Payment Information (all confidential)

Payer source - primary and secondary
Total Charges
Remitted reimbursement by category